



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800001

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ECLECTIC DINING, INC.

DOING BUSINESS AS ATLANTICA

ADDRESS 46 BORDER ST.

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: CAMPBELL,
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR IN WHOLE, CONSISTING OF A MAIN DINING ROOM, LOUNGE BAR AND TWO ADD'L DINING ROOMS FOR SERVICE OF PATRONS; KITCHEN AND STOCK ROOMS..ENTRANCES AND EXITS FROM 46 BORDER STREET CONSIST OF 2 FOR PATRONS AND ONE FOR EMPLOYEES AND 44 BORDER STREET FIRST FLOOR IN WHOLE CONSISTING OF A DINING ROOM AND BAR AND SECOND FLOOR STOCK ROOM...INSIDE SEATING CAPACITY 60, AND OUTSIDE ENCLOSED PATIO AREA SEATING CAPACITY 120...ENTRANCE AND EXITS FROM 44 BORDER STREET IS ONE FOR PATRONS AND ONE FOR EMPLOYEES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800003

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KIMBALL'S MANAGEMENT CORPORATION

DOING BUSINESS A COHASSET HARBOR INN

ADDRESS 124 ELM ST.

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: CAMPBELL,
JOSEPH

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS. 35 ROOMS ON SECOND FLOOR, 24 ROOMS ON THE FIRST FLOOR, CELLAR, MAIN FUNCTION ROOM, SWIMMING POOL, FIRST FLOOR GARDEN VIEW PATIO, FIRST FLOOR HARBORVIEW PATIO, 2ND FLOOR POOL ROOF PATIO, CONNECTING LOBBIES AND CORRIDORS WITH 1 MAIN ENT. 4 ADDITIONAL ENT/EXITS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800006

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COHASSET GOLF CLUB

DOING BUSINESS A

ADDRESS LAMBERTS LN & CEDAR ST.

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: RICCI, TINA M.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

18 HOLE PRIVATE GOLF CLUB CONSISTING OF APPROX. 190 ACRES WITH ONE CLUB HOUSE, CLUB HOUSE HAS A BASEMENT, MAIN FLOOR AND PARTIAL SECOND FLOOR; BAR AND LOUNGE ON MAIN FLOOR, THE COURSE HAS ONE SNACK BAR

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800008

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COHASSET SARRO, INC

DOING BUSINESS A RED LION INN

ADDRESS 071-85 SOUTH MAIN ST

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: Galligan, Gerald M. TYPE OF LICENSE: Innholder
Jr

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

INCLUDES BISTRO, RESTAURANT, LOUNTE, JAZZ CLUB, FUNCTION FACILITIES (2),
BAKERY. SECOND AND THIRD FLOOR ARE ROOMS FOR RENT

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EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 023800009

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGE H. MEALY POST #118 THE AM. LEG., INC.

DOING BUSINESS A

ADDRESS 98 SUMMER ST.

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: SOUSA,
LAWRENCE

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOODEN FRAME BLDG AND CELLAR. 6 ROOMS ON FIRST FLOOR, MEETING
HALL AND SECOND FLOOR; CELLAR USED FOR STORAGE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800010

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CURTIS LIQUOR STORES, INC.

DOING BUSINESS AS

ADDRESS 790 CHIEF JUSTICE CUSHING HWY

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: CURTIS,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

RICHARD D. JR.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

790 CHIEF JUSTICE CUSHING HWY. 13840 SQ. FT. OF RETAIL SPACE (DIMENSIONS 70 X 152 WITH AN L OF 40 X 80 WITHIN THE FORMER STOP & SHOP SUPERMARKET

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800014

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A Taste for Wine, Inc

DOING BUSINESS AS A Taste for Wine & Spirits

ADDRESS 380 CHIEF JUSTICE CUSHING HIGHWAY

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: Sinclair, Bruce K

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT F IN THE COHASSET PLAZA RETAIL CENTER, COMPRISED OF A RETAIL STORE,
STORAGE AREA AND OFFICE SPACE...THREE EXITS, ONE FRONT ENTRANCE/EXIT AND
TWO REAR EMERGENCY EXITS

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800015

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BANDOL ENTERPRISES LTD.

DOING BUSINESS AS VILLAGE WINE & SPIRITS

ADDRESS 027-29 SOUTH MAIN ST

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: O'CONNOR,
TRACY A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS FIRST FLOOR; CELLAR FOR STORAGE ONLY

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800017

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COHASSET PIZZA COMPANY, INC.

DOING BUSINESS AS VICTORIA'S PIZZA

ADDRESS 790 CHIEF JUSTICE CUSHING HWY

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: DOORANDISH,
RAMIN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 2450 SQFT OF A SINGLE STORY SPACE IN A SHOPPING CENTER. APPROX 1600 SQFT OF SEATING AREA WITH ACCOMMODATIONS FOR SIXTY PEOPLE THE REMAINING SQUARE FOOTAGE OF 800 SQFT COMPRISES SANDWICH PREP, COOKING, KITCHEN, AND STORAGE AREA. 2 REAR EXITS AND ONE FRONT ENTRANCE.

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EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800019

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH SHORE PLAYHOUSE ASSOCIATES, INC.

DOING BUSINESS AS SOUTH SHORE MUSIC CIRCUS

ADDRESS 130 SOHIER STREET

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: LONGO, VINCENT TYPE OF LICENSE: Restaurant
G.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2300 SEATS PERFORMANCE AREA COVERED BY A TENT IN SEATS PLUS FOUR
CONCESSION STANDS/ FIVE PERMANENT BUILDINGS; AREA OF SALE AND
CONSUMPTION TO BE FENCED TO PREVENT CONSUMPTION IN PARKING LOT OFF
PREMISES OR BY NON TICKET HOLDERS. .TWO MAIN ENTRANCES/EXITS TO THE
FACILITY ACCESSED FROM SOHIER ST. PARKING LOTS

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800020

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DINERO'S, INC

DOING BUSINESS AS DINERO'S RESTAURANT

ADDRESS 235 HULL ST

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: PLOTNER, FRANK TYPE OF LICENSE: Restaurant
LIN A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, LOUNGE, KITCHEN AND OFFICE, WITH EXITS TO HULL ST FROM DINING ROOM; TO SOUTH SIDE PARKING AREA FROM DINING ROOM AND LOUNGE AND A REAR EXIT FROM KITCHEN AREA

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800021

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH P. NORTON II

DOING BUSINESS AS MULLANEY'S FISH MARKET

ADDRESS 754 CHIEF JUSTICE CUSHING HWY

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: NORTON II,
JOSEPH P.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL FISH MARKET AND SPECIALTY SEAFOOD STORE. TWO ENTRANCES AT EITHER
END OF BUILDING

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800022

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: V & AA, INC.

DOING BUSINESS AS AVA CUCINA

ADDRESS 107 RIPLEY ROAD

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: AGOSTINO,
ANNETTE M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT SEVEN BUILDING OF THE DEPOT COURT CONDOMINIUM HAVING N ADDRESS OF
107 RIPLEY ROAD, COHASSET MA...CONTAINING 1635 SQUARE FEET OF SPACE
CONSTRUCTED OF BRICK, CONCRETE BLOCK AND WOOD...ENTRANCE/EXIT LOCATED
AT FRONT AND SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800024

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CELTIC BISTRO CORPORATION

DOING BUSINESS AS BIA BISTRO & BAR

ADDRESS 35 SOUTH MAIN STREET

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: HOULIHAN,
TRISTEN N.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR DINING ROOMS, INCLUDING A BAR, OUTSIDE FRONT PATIO, KITCHEN, STORAGE,
FRONT ENTRANCE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800025

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHITE CRANE INCORPORATED

DOING BUSINESS AS FENG SHUI RESTAURANT

ADDRESS 380 CHIEF JUSTICE CUSHING HWY

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: WONG, CHUNG S. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A UNIT IN THE SHOPPING CENTER W/ 5404 S/F OF SPACE. ENTRANCE AND EXIT LOCATED IN FRONT SIDE AND BACK OF RESTAURANT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800026

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROUTE 3A PIZZA & GRILL CORPORATION

DOING BUSINESS AS 3A PIZZA & GRILL

ADDRESS 166 KING ST

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: ASSAD,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQ FT OF STORE SPACE LOCATED ON RTE 3A, 2 DOOR ENTRANCES TO FRONT OF
STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800027

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R&S FISHER, LLC

DOING BUSINESS AS GREEK NECK GRILLE

ADDRESS 156 KING ST

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: FISHER, ROBERT TYPE OF LICENSE: Restaurant
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A ONE STORY BLDG. OF APPROX. 4,500 SQ.FT. CONSISTING OF DINING ROOM AND BAR WITH ADDITIONAL STORAGE IN THE BASEMENT. THERE IS A HANDICAP ACCESSIBLE ENTRANCE ON THE FRONT SIDE AND A MAIN ENTRANCE IN THE BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800028

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOCAL VINES AND GOURMET LLC

DOING BUSINESS AS LOCAL VINES AND GOURMET

ADDRESS 132 CHIEF JUSTICE CUSHING HIGHWAY

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: HARDEY,
DEBORAH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1300 SQ FT WITH A FRONT AND REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 023800029

CITY OR TOWN COHASSET

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COHASSET PUBS CORP.

DOING BUSINESS AS MR. DOOLEY'S OLD VILLAGE

ADDRESS 9 DEPOT COURT

CITY/TOWN: COHASSET

STATE: MA

ZIP CODE: 02025

MANAGER: CARLYLE,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED ON FIRST FLOOR..STORAGE IN THE BASEMENT...PATIO AND HANDICAPPED
RAMP..SEATING CAPACITY INSIDE IS 69

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: